

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2004-003

2. STATE
MS

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 410.41

7. FEDERAL BUDGET IMPACT:

a. FFY **2004** \$ **-0-**
b. FFY **2005** \$ **-0-**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Exhibit 24a, Pages 1-2
Attachment 3.1-D, Pages 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Exhibit 24A, Page 1
Attachment 3.1-D, Page 1


10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed to allow the Division of Medicaid to update the language in the Mississippi Medicaid State Plan regarding the provision of ambulance services. The intent of the amendment is to match language to that in the current ambulance policy for both emergency and non-emergency transportation.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: **Warren A. Jones, M.D.**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **March 16, 2004**

16. RETURN TO:

Warren A. Jones, M.D., Executive Director
Miss. Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE FORWARDED
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL ADMINISTRATOR
21. TYPED NAME	22. TITLE
23. COMMENTS	24. COMMENTS

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

24a. Transportation - The State Agency will assure necessary transportation of recipients to and from providers of services through the following methods:

Ambulance Services:

Emergency Ground Ambulance – Medically necessary emergency ambulance service is defined as all of the following components:

- Emergency ambulance (ALS or BLS) transport to the closest hospital where the patient will be accepted and treatment is available for an accidental injury or medical emergency, and
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, and
- The injury or medical emergency is sudden, of such severity that the absence of immediate medical care could reasonably result in permanently placing the patient's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence.

Emergency Air Ambulance (Helicopter)- Medically necessary emergency air ambulance service is defined as all of the following components:

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TN # 2004 - 003

Superseded TN # 2003-011

Date Effective 01/01/2004

Date Approved 05/13/2004

Date Received 03/19/2004

STATE MississippiDESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Urgent Air Ambulance (Fixed Wing) – Medically necessary urgent air ambulance service is defined as:

- Urgent ambulance transport to the appropriate facility that will accept the patient and is capable of providing the required level and type of care for the patient's condition, and
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, and
- The patient's condition is of such severity that the absence of transfer to an appropriate facility for treatment could reasonably result in permanently placing the patient's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence.

Non-Emergency Ground Ambulance - Medically necessary non-emergency ambulance service is defined as all of the following components:

- Ambulance transport to or from the closest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility where the patient is an inpatient, and
- The use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, and
- The patient suffers from an injury or debilitated physical condition that results in the patient being totally bedridden or bed confined.

Non-emergency Transportation - Necessary non-emergency transportation (NET) for eligible Medicaid recipients is arranged and coordinated through the Division of Medicaid. Services are furnished through contracts between the Division of Medicaid and qualified providers. NET providers can be public or private entities or individual providers, volunteers. NET services are available to beneficiaries who have no other means of accessing Medicaid funded medical services.

TN # 2004 - 003
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STATE MississippiMETHODS OF PROVIDING TRANSPORTATION

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